

PART B - FEE(S) TRANSMITTAL

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Mail Stop ISSUE FEE
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7590 08/17/2006
Lawrence Rosenthal
Stroock & Stroock & Lavan LLP
180 Maiden Lane
New York, NY 10038

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/730,785	12/03/2003	Yasuto Sakai	324941/0021	4849

TITLE OF INVENTION: LIQUID CARTRIDGE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/17/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS				
VO, ANH T N	2861	347-086000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 (or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the name of up to 3 registered patent attorneys or agents OR, alternately,

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Stroock & Stroock & Lavan LLP

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee name will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Seiko Epson Corporation

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee

Publication Fee (No small entity discount permitted)

Advance Order - # of Copies 10

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

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The Director is hereby authorized to change the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-4719 (enclose an extra copy of this form).

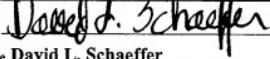
5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date November 2, 2006

Typed or printed name David L. Schaeffer

Registration No. 32,716

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